SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) 10/070161 CLAIMS AFTER AFTER
1st AMENDMENT 2rd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND DEP. :0 :2 <u>:3</u> <u>: 5</u> :6 :7 :8 :9 .23 .26 3.8 TAL TOTAL TOTAL 28.00 MAY BE LUED FOR ADDITIONAL CLAIMS OR AMENDMENTS VALARIA THENT . COMMERCE